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Item 4 (a) of the provisional agenda*

Country programme document

Equatorial Guinea

Summary

The country programme document (CPD) for Equatorial Guinea is submitted to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$4,545,000 from regular resources, subject to the availability of funds, and \$7,300,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2024 to 2028.

* [E/ICEF/2023/24](#).

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. The territory of Equatorial Guinea is divided into continental and insular regions. In 2021, the population was 1,505,588.¹ It is estimated that the average annual population growth between 2020 and 2025, will be 3.1 per cent.² The continental region concentrates 72.2 per cent of the population, with most of the remaining population living on Bioko Island. Seventy-six per cent of the population lives in urban areas,³ and two thirds in slums.⁴ The population is young, with 37 per cent being under 14 years of age.⁵ Life expectancy is 60.6 years.⁶ The poverty rate was estimated at 76.8 per cent in 2006.⁷ The country is committed to diversify its economy and has aligned its National Development Strategy with the Sustainable Development Goals.

2. As a result of the discovery of large oil reserves in the 1990s, the economy grew rapidly. The gross domestic product (GDP) per capita peaked at \$14,222 in 2008, declining since to \$7,506 in 2021 due to reduced hydrocarbon production, a drop in oil prices after 2014 and rapid population growth.⁸ The GDP is expected to decline over the next five years.⁹ The country's macroeconomy is strongly linked to the fluctuation of oil and gas prices, resulting in instability and fiscal space constraints that notably affect the social sectors.

3. Between 2000 and 2015, the country's ranking in the Human Development Index (HDI) improved and reached the level of other upper-middle-income countries. Since 2015, its ranking has fallen, approaching the average for sub-Saharan Africa.¹⁰

4. The Government has approved the penal code, laws on adoption and disabilities and a gender equality policy, while laws on social protection, civil registration, children's rights, gender-based violence and a family code are still lacking. Their development and implementation are hampered by lengthy bureaucratic processes. In addition, ineffective information management systems limit adequate policy planning and monitoring.

5. Between 2016 and 2017, public spending on children increased from 24 per cent to 30 per cent.¹¹ In 2022, social investments were allocated to education (8 per cent), health (7 per cent), and social affairs and gender equality (0.7 per cent).¹²

6. From 2000 to 2022, the maternal mortality ratio dropped from 454 deaths to 212 deaths per 100,000 live births.¹³

¹ National Institute of Statistics of Equatorial Guinea (Instituto Nacional de Estadística de Guinea Ecuatorial, INEGE), *Annual Statistical Compilation of Equatorial Guinea, 2022*, p. 62.

² United Nations Population Fund (UNFPA), "Average Annual Rate of Population Change in Africa Between 2020 and 2025 by Country". www.unfpa.org/es/data/world-population/GQ (accessed on 15 December 2022).

³ INEGE, *Annual Statistical Compilation of Equatorial Guinea, 2022*.

⁴ World Bank, "Urban population (% of total population) - Equatorial Guinea", <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=GQ>, (accessed on 20 December 2022).

⁵ UNFPA, "Average Annual Rate of Population Change in Africa Between 2020 and 2025 by Country", <https://www.unfpa.org/data/world-population/GQ> (accessed on 24 January 2023).

⁶ United Nations Development Programme (UNDP), *Human Development Report 2021/2022*, New York, 2022.

⁷ Republic of Equatorial Guinea. *Voluntary National Review 2022*, 2022, Malabo, p. 53.

⁸ World Bank, "GDP (current US\$) - Equatorial Guinea", <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD?locations=GQ> (accessed on 20 December 2022).

⁹ International Monetary Fund (IMF) Country Report No. 22/267, Republic of Equatorial Guinea, Staff Report for the 2022 Article IV Consultation., Washington, D.C., 2022.

¹⁰ UNDP, *Human Development Report 2021/2022*, New York, 2022.

¹¹ UNICEF, *Public Financing for Children in Equatorial Guinea*, Malabo, 2018, p. 108.

¹² Ministry of Finance, Economy and Planning (MoF), *Budget*, Malabo, 2022, p. 268.

¹³ World Health Organization (WHO), UNICEF, UNFPA and The World Bank, *Trends in Maternal Mortality: 2000 to 2020* WHO, Geneva, 2023.

7. In 2021, the neonatal mortality rate was estimated at 29 deaths per 1,000 live births.¹⁴ Only 21 per cent of newborns were breastfed within the first hour of birth and 7 per cent of lactating women practiced exclusive breastfeeding.¹⁵ Widespread use of baby formula occurs, even in maternity wards. This issue will have to be addressed, among others, to achieve the Sustainable Development Goal target of 12 deaths per 1,000 live births. In addition, in the absence of comprehensive infant and young child nutrition interventions, it is likely that the stunting rate (26 per cent in 2011) in children under 5 years of age remains high. While the under-5 mortality rate (U5MR) declined over the past two decades, it remains high with an estimated 77 deaths per 1,000 live births in 2021. Malaria, acute respiratory infections, and inadequate infant feeding practices are key contributing factors.

8. Equatorial Guinea reports the highest proportion of HIV prevalence among adults aged 15–49 years (6.9 per cent in 2021) in the West and Central Africa Region.¹⁶ HIV/AIDS was the most prevalent cause of death in public hospitals between 2019 and 2021. In 2021, a 5 per cent HIV prevalence was estimated among children under 14 years of age, and only 39 per cent of children were receiving antiretroviral treatment. The HIV prevalence among young women aged 15 to 24 years is 2.2 times higher than among men of the same age group. Prevalence in the insular region is lower than that on the continent.¹⁷ A recent HIV initiative implemented by the Government and supported by UNICEF is helping improve early infant diagnosis and HIV treatment.¹⁸

9. Coverage of most childhood vaccinations increased to 60 per cent in 2021, except for the second dose of tetanus-diphtheria toxoid vaccine, which decreased from 41 per cent in 2018 to 36 per cent in 2021. Despite overall progress, no vaccine coverage has reached the recommended minimum of 80 per cent, with large disparities remaining across districts.¹⁹ The recently introduced Immunization Plus initiative for children aged 12–23 months old includes birth registration, vitamin A supplementation, deworming and weight screening.²⁰

10. Education is free and mandatory for preschool and primary education. In the 2018/19 academic year, 80 per cent of preschool children were from urban areas and 20 per cent from rural areas. In secondary education, only 3 per cent of students were from rural areas.²¹ The number of private schools has grown steadily over the years at the preschool, primary and secondary education levels, which can affect equitable access.²² In secondary education, 20.3 per cent of schools are public and 79.7 per cent are private.²³

¹⁴ United Nations Inter-Agency Group for Child Mortality Estimation (IGME), *Data generated on Infant Mortality Estimations 2021*. Although the rate for 2020 is calculated at 29 deaths per 1,000 live births, due to the lack of updated information in the country, the estimation model considers a range of 14 to 54 deaths per 1,000 live births (based on DHS, 2011).

¹⁵ Ministry of Health and Social Welfare (MoHSW), MFEP and ICF International, *Demographic and Health Survey, 2012*.

¹⁶ MoHSW Integrated Plan for the Elimination of Tuberculosis, HIV, STIs and Viral Hepatitis (2022–2026). Aids-Info/UNAIDS, *Global data on HIV epidemiology and response, 2021*.

¹⁷ Joint United Nations Programme on HIV/AIDS (UNAIDS), *“HIV prevalence in Equatorial Guinea - The AIDS Data Repository- UNAIDS Country Data Portal”*, www.unaids.org/en/regionscountries/countries/equatorialguinea (accessed on 10 December 2022).

¹⁸ MoHSW, ‘Report of the pilot study on the implementation of early diagnosis of HIV and viral load in pregnant women’, unpublished, 2022.

¹⁹ MoHSW, ‘Reports of the Expanded Vaccination Program 2018–2020, based on the Health Information System’, unpublished.

²⁰ UNICEF, ‘Multi-country formative evaluation of UNICEF’s contribution to progress towards key result for children number 1 (Vaccination)’ unpublished, 2022.

²¹ Ministry of Education, Higher Education and Sports (MoE), *Statistical Yearbook of Infant and Preschool, Primary, Secondary and Professional Education and Technical Training, School Year 2018–2019*, Malabo, 2019.

²² Ibid.

²³ Ibid.

11. The primary gross enrolment ratio was 62 per cent in 2015.²⁴ There is gender parity at primary and secondary levels. However, pregnant students are prevented from attending school. In secondary schools, 51 per cent of the students do not have access to safe drinking water, while 7 per cent have no access to toilets. The situation is worse in primary schools, where 74 per cent of children do not have access to safe drinking water, and 31.5 per cent to toilets.²⁵ Only 9 per cent of schools have hand-washing facilities.²⁶

12. In the 2018/19 academic year, the average student-to-teacher ratio was 23 in primary school and 17 in secondary school. These averages mask the three- to fourfold higher rate in many urban schools. In the same academic year, 29 per cent of teachers in primary education had not completed secondary education themselves, and only 27.5 per cent had a university degree.²⁷

13. In 2021, UNICEF supported a learning assessment for children in grades 3 and 6 involving 14,032 students from the two main districts Bata and Malabo. Sixty-eight per cent of grade 3 students achieved the minimum score of 50 per cent. In the Bata district, the performance gap in private schools was 13 per cent higher than in public schools, while in Malabo the gap was insignificant.²⁸

14. As a result of school closures during the COVID-19 pandemic, UNICEF supported the distance learning programme “School at Home”, reaching 135,849 students. During the first half of 2022, 94 per cent of 917 students interviewed reported participating in the programme, and 80 per cent believed it was important for their learning.²⁹

15. Only 54 per cent of births of children under 5 years old have been registered,³⁰ therefore almost half the children have no legal identity. The provision of birth certificates varies across provinces, ranging from 11 per cent in Wele Nzas to 62 per cent in Litoral.³¹

16. Thirty per cent of women were married before the age of 18, and 63 per cent of girls and women over the age of 15 years reported having experienced physical violence.³² In 2012, the United Nations Committee on the Elimination of Discrimination against Women expressed its concerns about the extent to which sexual harassment at school, teenage pregnancies and child marriages continue to prevent adolescent girls from finishing secondary education.³³

17. The child protection system presents severe gaps in its legal and policy frameworks that are incomplete or not aligned with the Convention on the Rights of the Child. Policies or protocols for preventing violence are not available, nor are referral mechanisms. Violence against children is rarely addressed by the Government or judicial authorities, and corporal punishment is considered an acceptable form of discipline. Sexual violence against girls of all ages is highly prevalent, with one third of adolescent girls having reported that their pregnancies resulted from sexual violence.³⁴

²⁴ World Bank, “School enrollment, primary (% gross) - Equatorial Guinea,”

<https://data.worldbank.org/indicator/SE.PRM.ENRR?locations=GQ>, (accessed on 23 January 2023).

²⁵ MoE, Statistical Yearbook of Infant and Preschool, Primary, Secondary and Professional Education and Technical Training, School Year 2018-2019, Malabo, 2019.

²⁶ MoE and UNICEF, Study on water, sanitation, and hygiene conditions in schools in Equatorial Guinea, 2023 (preliminary data).

²⁷ MoE, Statistical Yearbook of Infant and Preschool, Primary, Secondary and Professional Education and Technical Training, School Year 2018-2019, Malabo, 2019.

²⁸ MoE and UNICEF, Learning Outcomes Assessment, 2021 (preliminary data).

²⁹ MoE and UNICEF, Evaluation survey of the program “School at home”, 2022 (preliminary data).

³⁰ MoHSW, MFEP and ICF International, Demographic and Health Survey, 2012.

³¹ Ibid.

³² Ibid.

³³ Committee on the Elimination of Discrimination against Women, Concluding Observations on the Sixth Periodic Report of Equatorial Guinea, adopted by the Committee at its Fifty Third Session (1–19 October 2012), CEDAW/C/GNQ/CO/6, United Nations.

³⁴ Valdez Duffau, M. E., “Protocol for the protection of children and adolescents victims of violence, abuse, trafficking and exploitation in Equatorial Guinea”, PRO-VATE, UNICEF, 2015.

18. Although a draft law on social protection has been submitted to the Parliament for approval, the country still lacks a non-contributory social protection system. The most deprived children face financial barriers that limit access to social services and fulfilment of rights. Following an emergency in 2021 caused by a series of explosions in an ammunition deposit in the Bata district, UNICEF implemented shock-responsive social protection measures to help affected families with children, including the country's first cash-based intervention.

19. Despite several government commitments to address climate change, concrete actions are yet to be implemented. The country lacks strategy and plans on disaster risk reduction.

20. Lessons learned from the country programme, 2019–2023 include keeping human capital development as the strategic priority. It is critical to focus on the most disadvantaged children through implementation of cross-sectoral approaches, policies, and efficient public spending to address inequities. In addition, the response to COVID-19 and other emergencies provided an opportunity to implement innovations and shock-responsive social protection interventions while stressing the importance of resilient social systems. Generation of recent disaggregated data is crucial to monitor progress and inform policy and programme decisions that impact children's lives.

Programme priorities and partnerships

21. The country programme is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Equatorial Guinea 2024–2028, which aims to reduce the large gross national income per capita to HDI country ranking gap through effective and efficient social sector investments. The country programme will contribute to the four UNSDCF outcomes related to: (1) the access of quality social services; (2) systems and policy strengthening for human rights realization; (3) equitable benefit for greater opportunities for young people, women and vulnerable groups; and (4) sustainable environment and climate change and disasters resilience.

22. The country programme is additionally aligned to the UNICEF Strategic Plan, 2022–2025, the Sustainable Development Goals and the National Strategy for Sustainable Development, Equatorial Guinea Agenda 2035, which has four strategic axes: poverty eradication; social inclusion and sustainable peace; productivity and industrialization, and environmental sustainability and territorial development. The first two are closely linked to the UNICEF mandate. While over the past 15 years the Government has invested in infrastructure with tangible outcomes, investment in social sectors has substantially lagged.

23. Two country programme outcomes have been proposed, following a consultative process involving government partners, the United Nations system, non-governmental organizations (NGOs) and bilateral and private sector partners: outcome 1: “children and adolescents survive, develop and learn to reach their full potential”, and outcome 2: “children and adolescents have access to equitable child and social protection.”

24. The strategies that will enable the change required to achieve the CPD objectives include:

- (a) Capacity-building and systems strengthening to leave no one behind;
- (b) Data, research, evaluations, knowledge management and generation of evidence;
- (c) Advocacy and communication;
- (d) Participation by children and adolescents;
- (e) Gender equality programming;
- (f) Community engagement and social and behavioural change;
- (g) Digital transformation and innovation;

(h) Public and private partnerships and engagement.

25. The programme will support government efforts to achieve tangible results at scale with services for children that are more relevant, timely, inclusive – particularly for migrants and children with disabilities- and effective, including in emergency contexts. This will include improved access to quality health care, nutrition services, stimulation and care; preschool, primary and secondary education. Adolescent participation and engagement will be enhanced. Capacity-building, systems strengthening, social and behavioural change, evidence-based advocacy and effective partnerships will be harnessed with United Nations agencies, NGOs, bilateral and multilateral agencies and the private sector. The programme will improve information at the community and household levels to enhance demand for quality health and education services; strengthen and expand the “Immunization Plus” package; enhance the allocation, effectiveness and efficiency of social expenditure to provide quality services, fostering improved inter- and intra-ministerial coordination such as birth registration in maternity wards or pre-schools.

26. The programme will reduce the exposure of children and adolescents to violence within the family, community, schools and public services. A social protection system will be developed and tested in the intervention districts, including birth registration for all newborns, infants and migrant children. The programme will strengthen knowledge around access to social protection services at the community and household levels. A holistic and inclusive social service workforce will be enhanced to prevent and address violence against women and children and to provide equitable access for the most vulnerable households, including through cash transfers. This will be achieved through systems strengthening, capacity-building, piloting of new interventions and evidence-based advocacy, including experiences from other countries.

27. The programme is strongly linked to the UNICEF Strategic Plan Goal Areas related to health, nutrition, education, child protection and social protection. It will address demand, supply and enabling environment bottlenecks to achieve systemic changes. Modelling of interventions will be documented, evaluated and used as a proof of concept to inform the scale-up. Policy-level strategies will include technical assistance to enact norms, decrees or legislation, facilitate South-South cooperation to develop social protection systems and interventions and support to the implementation of the UNSDCF.

Children and adolescents survive, develop, and learn, to reach their full potential

28. This programme component will contribute primarily to outcomes 1, 2 and 4 of the UNSDCF and is aligned with the National Strategy for Sustainable Development and the National Health Development Plan. In collaboration with partners, UNICEF will work with the Ministry of Health and Social Welfare to strengthen the district and community health systems to provide a package of quality health and nutrition services. UNICEF will also work with the Ministry of Education, Science, University and Professional Teaching to strengthen the education system to implement quality, inclusive and equitable education and provide a platform for adolescents to learn and develop in a healthy environment that encourages their participation.

29. The deprivations in this programme component are the high maternal mortality ratio, neonatal mortality rate, U5MR, rates of stunting and wasting among children under 5 years of age; high and growing rates of HIV prevalence, overcrowded classes in urban primary and secondary schools; high rates of repetition and dropout, especially among girls due to early pregnancies and child marriage; very limited education possibilities for children and adolescents with disabilities; and limited skills development opportunities for adolescents. These deprivations will be addressed through system strengthening, capacity-building, social and behaviour change and evidence-based advocacy, in collaboration with the United Nations system and bilateral and multilateral partners to support the Ministries of Health and Social Welfare; Education Science, University and Professional Teaching, Interior and Local

Corporations; Youth and Sport; and Social Affairs and Gender Equality. Interventions will include advocacy for the decentralization of the health and education sectors and improved coordination within and between ministries, in addition to training of the government cadre to enhance holistic and inclusive service delivery. This component will support the National Health Development Plan (2019–2025), in coordination with the World Health Organization (WHO), through an integrated primary health-care approach, using immunization platforms as entry points to expand access to child health, HIV diagnosis and treatment, nutrition and intersectoral birth registration services, and to promote community engagement to strengthen health districts.

30. More specifically, UNICEF will support the Government to increase coverage of the third dose of the pentavalent vaccine to 90 per cent among children younger than 1 year of age, focusing on the districts with the lowest coverage.

31. In collaboration with the Joint United Nations Programme on HIV/AIDS, the United Nations Population Fund (UNFPA) and the Institute of Health Carlos III (Spain), the programme will accelerate the implementation of interventions to prevent vertical transmission of HIV and contribute to the quality of care for children with HIV by increasing the coverage of antiretroviral therapy to 75 per cent for children and adolescents and 80 per cent for pregnant women.

32. In intervention districts, health workers will be supported to deliver quality health and nutrition services, including promotion, protection and support of breastfeeding, and care for young children, in collaboration with WHO and civil society (Institute of Health Carlos III (Spain) and the Foundation of the Religious for Health). Social and behavioural change interventions will be implemented to promote diversified diets to reduce stunting and foster positive parenting practices among caregivers and communities, and to enhance their demand for, and use of, quality services.

33. The programme component will support the Government in translating the commitments made at the 2022 Transforming Education Summit into action. It will focus on pre-primary education to increase the gross enrolment rate to 58 per cent (up from 43 per cent in 2015) and to strengthen learning outcomes in primary school. The provision of training and tools will help to increase the number of qualified teachers, while data generation and management on learning outcomes will be strengthened.

34. Building on the lessons from the COVID-19 response, UNICEF will support the implementation of innovative digital learning solutions such as the Learning Passport, in collaboration with the national telecommunication infrastructure service provider (Gestor de Infraestructuras de Telecomunicaciones de Guinea Ecuatorial, GITGE), and build the capacity of education stakeholders and students in digital skills and through blended learning.

35. The programme component will advocate for a national strategy on inclusive education, to include training of schoolteachers, content development and modelling inclusive schools in intervention districts. Education budget sector analysis will be key to support investment and expenditure in equitable and inclusive pre-primary and primary education.

36. Secondary schools will be used as platforms for multisectoral interventions in health, nutrition, violence prevention and environmental sustainability, and UNICEF will work in collaboration with the United Nations Development Programme (UNDP) and UNFPA to improve the learning environment and student retention rates. UNICEF will advocate for adolescent-friendly legislative and policy frameworks in the education system, promote curricula to respond to the needs of adolescents and the market, supported by life skills development and learning for adolescents both in and out of school, to enhance their participation, empowerment and employability.

37. Social and behavioural change interventions will be implemented to address harmful social norms and cultural values, and to promote adolescent participation through U-Report,

youth clubs, community-based organizations and student councils, where adolescents can contribute to finding solutions to issues that affect their lives, including employability, gender equity and climate change.

Children and adolescents have access to equitable child and social protection

38. This programme component will contribute to the four UNSDCF outcomes. UNICEF will work with the Ministries of Justice, Worship and Penitentiary Institutions; Social Affairs and Gender Equality; and the Interior and Local Corporations to strengthen systems at the national, district and community levels to provide access to integrated protection services to prevent and respond to violence, particularly gender-based violence; and with the, Ministries of Social Affairs and Gender Equality and the Ministry of Finance and Budget, and with other partners to implement social protection policies and programmes that support the most vulnerable families with children and adolescents.

39. The key deprivations and gaps to be addressed by this programme component comprise: persistent violence and abuse of children, especially girls, even within the family environment; child marriage and early pregnancies; high poverty rates; low coverage of birth registration; limited access to social services by the most deprived children, and the absence of a non-contributory social protection system.

40. To address these deprivations, capacity-building of the government cadre will be undertaken to enhance or establish holistic child and social protection services and systems strengthening through enhanced coordination within and among relevant ministries. Evidence-based advocacy will be informed by surveys and studies, data systems strengthened, and South-South cooperation on social protection systems and cash transfers will be undertaken.

41. The programme component aims, in coordination with the World Bank and the International Monetary Fund (IMF), to support the Government in implementing a comprehensive, equitable and child-sensitive social protection system that reaches the most vulnerable families, and to increase investments and expenditure in the social sector. This will be achieved by generating evidence including child poverty analysis, social sector budget and fiscal space analysis and by modelling a “cash plus” intervention focusing on the most vulnerable households to increase birth registration, immunization, and school attendance and prevent violence.

42. UNICEF will promote multi-stakeholder coordination mechanisms to support the implementation of the social protection system, support the Ministry of Social Affairs and Gender Equality to strengthen the existing unified social registry, in collaboration with the International Labour Organization, and strengthen the capacity of the parliament and social ministries to influence child-friendly policies and budgeting.

43. In collaboration with the Ministry of Social Affairs and Gender Equality and the Ministry of Justice, Worship and Penitentiary Institutions, the Ombudsman and the National Child Rights Committee, UNICEF will seek to enhance the child protection system by supporting interventions to protect children and adolescents from violence, especially sexual violence. A two-pronged approach will be implemented comprising:

(a) capacity enhancement of the social service workforce for quality and timely identification and case management through improved coordination among health, education, social welfare, and justice ministries.

(b) social and behavioural change to address the normalization of violence against children and adolescents by preventing and reporting violence and fostering more gender-equitable norms and behaviours in families, communities and schools. The work on the unified social registry will improve the availability of administrative data related to child protection.

Interoperability between the health, justice and social protection systems will improve birth registration.

44. More structural issues, such as poverty and an overreliance on oil income, will be addressed in the UNSDCF with support of the international financial institutions (IFIs), the World Bank, IMF and UNDP. With support from the UNICEF West and Central Africa Regional Office, the country office will assist in advocacy and strengthening of the public financial management system for improved planning, budgeting and budget execution in the social sectors for adequate child protection and social protection.

Programme effectiveness

45. This component will ensure efficient, effective management and synergistic coordination between the two programme components. Advocacy to make laws, policies and decrees more gender-equitable and child-sensitive will enhance service delivery to address the needs of girls, including the specific needs of adolescent girls.

46. Routine data management and evidence generation will be strengthened to enhance knowledge products and services for improved external relations, communication, advocacy, resource mobilization and strengthened partnerships with IFIs, bilateral partners, private companies, civil society and the United Nations system.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Children and adolescents survive, develop and learn to reach their full potential	240 000	5 315 000	5 555 000
Children and adolescents have access to equitable child and social protection	2 450 000	1 205 000	3 655 000
Programme effectiveness	1 855 000	780 000	2 635 000
Total	4 545 000	7 300 000	11 845 000

Programme and risk management

47. The country programme will be implemented under the leadership of the Ministry of Foreign Affairs, International Cooperation and the Diaspora in collaboration with Ministry of Planning and Economic Diversification and other sectoral ministries, subnational and decentralized services, civil society organizations and the private sector as part of UNICEF contribution to the UNSDCF.

48. The key identified risks include reduced fiscal space due to the decline in oil prices and production exacerbated by global climate change efforts to phase down the use of fossil fuels; continued lagging governance and reform implementation; constraints in access to budget information and generation of data and evidence; and the other resources income expected by UNICEF not being mobilized. The mitigating strategies will imply close collaboration with IFIs and the United Nations system, evidence-based advocacy and effective fundraising and collaboration with partners.

49. UNICEF will regularly identify and mitigate the identified and emerging risks affecting children or the organization, including the emergence of natural hazards such as storms and floods, and other potential threats to business continuity, such as epidemics. UNICEF will

mitigate these risks by incorporating emergency preparedness into regular programming and ensuring prompt responses while making all efforts to secure additional funding.

50. Measures will be sustained for protection from sexual exploitation and abuse, to ensure child safeguarding, and enhance accountability to affected populations and greening of UNICEF.

51. Early warning mechanisms will be used to anticipate critical situations that might require adjustments in programme implementation. Internally, the enterprise risk management tool will monitor the risks associated with the harmonized approach to cash transfers and the impact of emergencies on programme and staff.

52. UNICEF will continue to strengthen the efficiency and effectiveness of its operations, including intensified work with other United Nations agencies through the Business Operations Strategy to benefit from additional cost-saving measures, particularly those related to potential increases in utility costs and the high cost of UNICEF presence in the continental region.

53. This CPD summarizes UNICEF contributions to national results and is the main accountability mechanism to the Executive Board for the harmonization of programme results and resources at the country level. The responsibilities and accountability of managers at the national, regional and headquarters levels are defined in the policies and procedures relating to the organization's programmes and operations.

Monitoring and evaluation

54. UNICEF will work with the Government and partners so that updated disaggregated data about children is made available – through national surveys and strengthened national data systems, to inform programme and policy decisions about children and monitor progress against relevant national plans, particularly the social dimension of Agenda 2035 and objectives aligned with Sustainable Development Goal targets. UNICEF will also support the Government to fulfil its child and human rights reporting obligations.

55. Having played an effective supportive role in the common country assessment and UNSDCF formulation, UNICEF will continue to participate fully in the United Nations country team and its working groups. In partnership with the United Nations Resident Coordinator, UNICEF will work on results-based management, monitoring and evaluation that will inform and ensure programme quality, efficiency and effectiveness. Special efforts will be made to regularly monitor programmatic and financial indicators for corrective action, where necessary. Public and private sector fundraising will be strengthened, and periodic reviews will serve as strategic moments of reflection for programme adjustments and improvements.

56. The results and resources framework forms the basis for monitoring and evaluation of the country programme. Detailed workplans will be developed and programme results discussed with government partners and other stakeholders. The programme will be reviewed annually through joint programme reviews with the Government. The evaluations outlined in the costed evaluation plan, including an end-of-cycle evaluation, will assess progress and enable evidence for learning, performance management and evidence-based decision-making at the policy level.

Annex

Results and resources framework

Equatorial Guinea – UNICEF country programme of cooperation, 2024–2028

<p>Convention on the Rights of the Child: Articles 2–4, 6–8, 12–15, 17–19, 23–24, 26–29, 34, 42 and 44</p> <p>National priorities: Agenda 2035, Axes 1 and 2: Poverty eradication, and social inclusion and sustainable peace</p> <p>Sustainable Development Goals: 1–5 and 10</p>
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</p> <ol style="list-style-type: none"> By 2028, more people, especially children, women, adolescents and young people, have access to quality social services in an equitable and sustainable manner to reach their full human potential. By 2028, citizens, especially excluded groups, enjoy their rights and contribute to the development of policies and the performance of public institutions. By 2028, more people, especially young people, women and socially and economically vulnerable groups, will equitably benefit from greater opportunities in a diversified, transformative, resilient, and inclusive blue and green economy that creates decent jobs in the productive sectors. By 2028, the country has sustainable and healthy environments that protect biodiversity, are resilient to climate change and natural disasters, and are without deforestation.
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1, 2, 3 and 5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						(In thousands of United States dollars) RR	OR	Total
Outcomes 1, 2, 4	Outcome 1: By 2028, children and adolescents survive, develop, and learn, to reach their full potential	Percentage of surviving infants who received a first dose and three doses of diphtheria/pertussis/tetanus (DTP) vaccine B: 70% (2022) T: 90%	Expanded Programme on Immunization annual reports	1.1 Health centres in intervention districts have increased their capacity to provide a package of quality health and nutrition services, including care for young children; and caregivers and communities are	Ministry of Health and Social Welfare (MoHSW) Ministry of Education, Science, University and Professional Teaching (MoE)	240 000	5 315 000	5 555 000
		Percentage of infants (aged 0–5 months) who are	Standardized Monitoring and					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		exclusively breastfed B: 7% (2011) T: 15%	Assessment of Relief and Transitions (SMART) surveys	equipped to adopt positive behaviours and practices related to child health, nutrition and care.	Ministry of Youth and Sports (MoYS)			
		Percentage of HIV-positive women [of childbearing age] who received antiretroviral therapy during pregnancy and/or at labour and delivery B: 42% T: 80%	Global AIDS Monitoring Report	1.2 The education sector in intervention districts has increased its capacity to implement quality preschool and primary education that is effective, inclusive, and equitable.	Ministry of Interior and Local Corporations (MoILC) Ministry of Information, Press and Radio (MoIPR)			
		Gross enrolment rate in pre- primary education B: 45% (2015) T: 57%	United Nations Educational, Scientific and Cultural Organization Institute for Statistics (UNESCO- UIS)	1.3 Education centres in intervention districts provide a platform for adolescents to learn and develop in a healthy and protective environment that promotes adolescents' participation and engagement.	World Health Organization (WHO) Joint United Nations Programme on HIV/AIDS (UNAIDS)			
		Percentage of students in grades 3 and 6 achieving a minimum level of competency in reading and mathematics with disaggregation by grade B: Grade 3: 78% Grade 6: 64% T: Grade 3: 83% Grade 6: 69%	Ministry of Education National Learning Assessment Report		United Nations Development Programme (UNDP) UNESCO United Nations Population Fund (UNFPA)			
		Number of adolescents and young people participating in or leading civic engagement activities through UNICEF- supported programmes	Ministry of Education reports Partner reports		Local authorities, Municipalities, Religious			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		B: 0 T: 1,000 Existence of a strengthened system for adolescent participation B: 0 T: 2	Ministry of Youth reports Ministry of Education reports Partner reports		leaders Non-governmental organizations Foundation of the Religious for Health; Institute of Health Carlos III (Spain) National telecommunication infrastructure provider Identic Foundation Bilateral cooperation Private sector			
Outcomes 1, 2, 3, 4	Outcome 2: By 2028, children and adolescent have access to equitable child and social protection	Percentage of mothers (or primary caregivers) in intervention districts who think that physical punishment is necessary to raise/educate children B: Data not available T: To be defined	Demographic and Health Survey (DHS) 2023 or survey in intervention districts	2.1 Government stakeholders, children, adolescents, and women in intervention districts have increased awareness and strengthened capacities to prevent and respond to violence, especially gender-based and sexual violence. 2.2 Government has increased evidence and capacity to	Ministry of Social Affairs and Gender Equality (MoSGE) Ministry of Justice, Worship and Penitentiary Institutions, MoHSW, MoE, MoIPR Ministry of Finance and Budget	2 450 000	1 205 000	3 655 000

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						(In thousands of United States dollars) RR	OR	Total
				design and implement cash- based interventions targeting the most vulnerable households, especially female headed households with children in intervention districts.	Ministry of Planning and Economic Diversification Treasury National Agency for the Development of Equatorial Guinea Ombudsman National Committee of Children’s Rights UNDP UNFPA World Bank International Monetary Fund (IMF) African Development Bank Local authorities Municipalities Religious leaders Civil society			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
					Bilateral cooperation			
					Private sector			
		Percentage of girls and boys aged 15 to 17 years in intervention districts who have ever experienced any sexual violence and sought help from a professional B: Data not available T: To be defined	DHS 2023 or survey in intervention districts Technical reports by the Ministry of Social Affairs					
		Percentage of children under 1 year of age whose births are registered B: 27% (2021) T: 71%	Administrative data from the Ministry of Justice					
		Percentage of budget allocated to education, health and social affairs B: Education (8%), health (7%), social affairs and gender equality (0.7%). Targets: education (9%), health (8%), social affairs and gender (1%).	Annual budget laws Technical reports					
		Level of strength of the social protection system B: Absent (No policy or legal framework) T: Moderate (Legal framework/policy in place but with weaknesses in terms	Technical reports	2.3 Government stakeholders have strengthened capacity and established coordination mechanisms to implement social protection policy and				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcomes 1, 2		of child-sensitivity, M&E and financing framework)		programmes that are shock-responsive to support the most vulnerable families with children.				
	Outcome 3: By 2028, the country programme is well designed, coordinated, and managed and partnerships are strengthened to achieve results for children	Number of scorecard areas with high performance rating B: 4/5 (2022) T: 5/5	InSight	3.1 Staff and partners are provided with guidance, tools, and resources to effectively design, manage, and monitor programmes, conduct effective advocacy, communication and build partnership on children's rights	Ministry of Foreign Affairs, International Cooperation and the Diaspora United Nations Organizations World Bank IMF Civil society organizations Private sector	1 855 000	780 000	2 635 000
		Number of initiatives that engage civil society to advocate for most vulnerable children B: 3 programme documents signed per year (2022) T: 5 programme documents signed per year	Vision/e-Tools					
		Number of business that the country office engaged B: 1 T: 3	Internal reports					
Total resources^a						4 545 000	7 300 000	11 845 000

^a Other resources (emergency) (ORE) are expected.